

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10/716652 FILING DATE

APPLICANT(S)

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | 1 | | | | | |
| 2 | 1 | | | | | |
| 3 | 1 | | | | | |
| 4 | 1 | | | | | |
| 5 | 1 | | | | | |
| 6 | 1 | | | | | |
| 7 | 1 | | | | | |
| 8 | 1 | | | | | |
| 9 | 2 | | | | | |
| 10 | 2 | | | | | |
| 11 | 2 | | | | | |
| 12 | 2 | | | | | |
| 13 | 2 | | | | | |
| 14 | 2 | | | | | |
| 15 | 2 | | | | | |
| 16 | 2 | | | | | |
| 17 | 2 | | | | | |
| 18 | 2 | | | | | |
| 19 | 2 | | | | | |
| 20 | 2 | | | | | |
| 21 | 2 | | | | | |
| 22 | 2 | | | | | |
| 23 | 2 | | | | | |
| 24 | 2 | | | | | |
| 25 | 1 | | | | | |
| 26 | 1 | | | | | |
| 27 | 1 | | | | | |
| 28 | 1 | | | | | |
| 29 | 2 | | | | | |
| 30 | 1 | | | | | |
| 31 | 1 | | | | | |
| 32 | 1 | | | | | |
| 33 | 1 | | | | | |
| 34 | 1 | | | | | |
| 35 | 1 | | | | | |
| 36 | 1 | | | | | |
| 37 | 1 | | | | | |
| 38 | 1 | | | | | |
| 39 | 1 | | | | | |
| 40 | 1 | | | | | |
| 41 | 1 | | | | | |
| 42 | 1 | | | | | |
| 43 | 1 | | | | | |
| 44 | 1 | | | | | |
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| 48 | | | | | | |
| 49 | | | | | | |
| 50 | | | | | | |
| TOTAL IND. | 1 | | 1 | | | |
| TOTAL DEP. | 41 | ← | 6 | ← | | |
| TOTAL CLAIMS | 60 | | 7 | | | |

| CLAIMS | IND | DEP | IND | DEP | IND | DEP |
|--------------|-----|-----|-----|-----|-----|-----|
| 51 | | | | | | |
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| 99 | | | | | | |
| 100 | | | | | | |
| TOTAL IND. | 0 | ← | 22 | ← | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | 80 | | 82 | | | |